SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME		CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health		Mike Lucius	601-576-7847	
ADDRESS		CITY	STATE	ZIP
570 East Woodrow Wilson, Suite U-232		Jackson	MS	39215
EMAIL	SUBMIT DATE	Name or number of rule(s):		
bob.fagan@msdh.state.ms.us	7/16/2013	Title 15: Mississippi Department of Health Part 20: Bureau of Public Water Supply Rule 1.1.2: Definitions		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This revision to Part 20: Rule 1.1.2 of Title 15; Mississippi State Department of Health, Bureau of Public Water Supply regulations expands the definition of a public water supply to help prevent the creation of small individual water supply areas which, alone, would not be subject to the Safe Drinking Water Act, but in combination, would be considered Public Water Systems subject to the Act and regulations.
Specific legal authority authorizing the promulgation of rule: Mississippi Code Ann. § 41-26-6

List all rules repealed, amended, or suspended by the proposed rule: The proposed rule is an amendment of Rule 1.1.2 of Title 15 Part 20, Mississippi State Department of Health, Bureau of Public Water Supply regulations.

ORAL PROCEEDING:

__An oral proceeding is scheduled for this rule on: _____ Place:
☐ Presently, an oral proceeding is not scheduled on this rule.
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

____Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	**Action proposed:** _____ New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _____ 30 days after filing _____ Other (specify): _____	**Date Proposed Rule Filed: May 21, 2013** **Action taken:** __X__ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed **Effective date:** __X__ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Mike Lucius, Deputy State Health Officer/Chief Administrative Officer

Signature of person authorized to file rules: Mike Lucius by Ellen O'Neal

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED JUL 16 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.